

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2010 Non-Judicial Election

Name of Candidate Willie L. Bailey  
 Address 902 Fairview St., Greenville, MS  
 Telephone 662-335-1966 Fax 662-335-1969  
 Contact Name Willie Bailey Email Wbailey.house.us.gov  
 Office Sought State Representative, Dist 49 Political Party Democrat

RECEIVED

JAN 31 2011

Secretary of State  
Capital Office, IP

☐ Check here if above is different from previous report

**TYPE OF REPORT**

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 8,400.00	\$ 8,400.00	\$ 8,400.00
Total amount of disbursements	\$ 5,211 + \$ 1,989.00	\$ 7,200.00	\$ 7,200.00
Total amount of cash on hand		\$ 1,200.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-578-2819.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.



Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Architects PAC		12/10/10	\$ 1,000.00
Mailing Address 509 E. Capitol St.		__/__/__	\$
City, State, Zip Code Jackson, MS		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Columbus and Greenville Railway		6/18/10	\$ 500.00
Mailing Address 1200 C Scottsville Road, #200		__/__/__	\$
City, State, Zip Code Rochester, NY 14624		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE - PAC		5/13/10	\$ 500.00
Mailing Address 2345 Highway 1 S		__/__/__	\$
City, State, Zip Code Greenville, MS 38701		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Correctional Management, Inc.		5/20/10	\$ 1,000.00
Mailing Address P.O. BOX 4423		__/__/__	\$
City, State, Zip Code Jackson, MS 39296		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

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Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATT PAC</u>		<u>8/6/10</u>	\$ <u>500.00</u>
Mailing Address <u>175 East Capitol</u>		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE - PAC</u>		<u>8/27/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P O Box 39</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Olive Branch, MS</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser-Busch, Inc.</u>		<u>11/2/10</u>	\$ <u>500.00</u>
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code <u>St. Louis, MO</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Entertainment Software Assn</u>		<u>11/2/10</u>	\$ <u>500.00</u>
Mailing Address <u>575 7th St. NW</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Washington, DC 20004</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>



Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Management Co.</u>		<u>8/31/10</u>	\$ <u>500.00</u>
Mailing Address <u>Centene Corporation</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>St. Louis, MO 63105</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Atria</u>		<u>1/1/</u>	\$ <u>500.00</u>
Mailing Address <u>333 N. Point Center E</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Alpharetta, GA 30022</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WAI-PAC</u>		<u>9/29/10</u>	\$ <u>500.00</u>
Mailing Address <u>702 SW 8th St.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Beartonville, AR 72716-0150</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Pawn PAC</u>		<u>1/1/</u>	\$ <u>500.00</u>
Mailing Address <u>4325 N State St.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39206</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>ASSN</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAS Bail Agents ASSN</u>		<u>12/31/10</u>	\$ <u>500.00</u>
Mailing Address <u>413 S President, Ste 111</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Committee For Clean Environment</u>		<u>12/10/10</u>	\$ <u>400.00</u>
Mailing Address <u>3000 N State St.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39216</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$



Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED DISBURSEMENTS

A. Full name <i>Starling Tower</i>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <i>170 E. Griffith St.</i>	<i>___/___/___</i>	\$
City, State, Zip Code <i>Jackson, MS</i>	<i>12/31/10</i>	\$ <i>4,275.00</i>
Purpose of Disbursement (Optional) <i>Out of Session Apartment Rental</i>	Aggregate Year-to-date	\$ <i>4,275.00</i>
B. Full name <i>Concast</i>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>___/___/___</i>	\$
City, State, Zip Code <i>Jackson, MS</i>	<i>12/31/10</i>	\$ <i>531.00</i>
Purpose of Disbursement (Optional) <i>Cable</i>	Aggregate Year-to-date	\$
C. Full name <i>Entergy</i>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>___/___/___</i>	\$
City, State, Zip Code <i>Dallas, TX</i>	<i>12/31/10</i>	\$ <i>405.00</i>
Purpose of Disbursement (Optional) <i>Utilities</i>	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>___/___/___</i>	\$
City, State, Zip Code	<i>___/___/___</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>___/___/___</i>	\$
City, State, Zip Code	<i>___/___/___</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>___/___/___</i>	\$
City, State, Zip Code	<i>___/___/___</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$